

February 12, 2002

Mr. Steven V. Dalton  
NeoResins Inc.  
3110 West State Road 28  
Frankfort, Indiana 46041

Re: 023-15273-00023  
First Administrative Amendment to  
FESOP F023-12762-00023

Dear Mr. Dalton::

Neo Resins was issued a FESOP permit on May 1, 2001 for an acrylic latex emulsions manufacturing plant. A letter requesting a transfer of ownership and name change was received on December 12, 2001. Pursuant to the provisions of 326 IAC 2-8-10 the permit is hereby administratively amended as follows:

NeoResins, a business unit of Avecia, Inc. became a separately incorporated wholly-owned subsidiary of Avecia. The corporate name is now NeoResins Inc and will operate under that name at the Frankfort facility. There is no change in operations or processes.

Mr. Steve V. Dalton, Plant Manager remains as the Authorized Individual and meets the requirements of 326 IAC 2-1.1-1(1).

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension ( 3-5334), or dial (317) 233-5334.

Sincerely,

Original signed by

Paul Dubenetzky, Chief  
Permits Branch  
Office of Air Quality

Attachments: Updated Page  
PD/gkf

cc: File -Clinton County  
Clinton County Health Department  
Air Compliance Section Inspector - Marc Goldman  
Compliance Data Section -Karen Nowak  
Air Programs - Chet Bohannon  
Permit Review Section 1 - Gary Freeman

**FEDERALLY ENFORCEABLE STATE  
OPERATING PERMIT (FESOP)  
OFFICE OF AIR QUALITY**

**NeoResins Inc.  
3110 West State Road 28  
Frankfort, Indiana 46041**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F023-12762-00023	
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality <i>Original signed by Paul Dubenetzky</i>	Issuance Date: May 1, 2001  Expiration Date: May 1, 2006

First Administrative Amendment: 023-15273-00023	Pages Affected: 33, 34, 35, 36, 37, 38, 39, 40 and 41
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: February 12, 2002

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
CERTIFICATION**

Source Name: NeoResins Inc  
Source Address: 3110 West State Road 28, Frankfort, Indiana 46041  
Mailing Address: 3110 West State Road 28, Frankfort, Indiana 46041  
FESOP No.: F 023-12762-00023

**This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.**

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) \_\_\_\_\_
- 9 Report (specify) \_\_\_\_\_
- 9 Notification (specify) \_\_\_\_\_
- 9 Affidavit (specify) \_\_\_\_\_
- 9 Other (specify) \_\_\_\_\_

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE BRANCH  
P.O. Box 6015  
100 North Senate Avenue  
Indianapolis, Indiana 46206-6015  
Phone: 317-233-5674  
Fax: 317-233-5967**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
EMERGENCY OCCURRENCE REPORT**

Source Name: NeoResins Inc  
Source Address: 3110 West State Road 28, Frankfort, Indiana 46041  
Mailing Address: 3110 West State Road 28, Frankfort, Indiana 46041  
FESOP No.: F 023-12762-00023

**This form consists of 2 pages**

**Page 1 of 2**

**9** This is an emergency as defined in 326 IAC 2-7-1(12)  
CThe Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and  
CThe Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

**Page 2 of 2**

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency?    Y    N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO <sub>2</sub> , VOC, NO <sub>x</sub> , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
SEMI-ANNUAL NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: NeoResins Inc.  
Source Address: 3110 West State Road 28, Frankfort, Indiana 46041  
Mailing Address: 3110 West State Road 28, Frankfort, Indiana 46041  
FESOP No.: F 023-12762-00023

**This certification shall be included when submitting monitoring, testing reports/results  
or other documents as required by this permit.**

Report period

Beginning: \_\_\_\_\_

Ending: \_\_\_\_\_

Boiler Affected

Alternate Fuel

Days burning alternate fuel

From

To

*(can omit identification of boiler affected if only one gas boiler at this plant)*

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FESOP Quarterly Report**

Source Name: NeoResins Inc.  
Source Address: 3110 West State Road 28, Frankfort, Indiana 46041  
Mailing Address: 3110 West State Road 28, Frankfort, Indiana 46041  
FESOP No.: F023-12762-00023  
Facility: Catalytic Oxidizer  
Parameter: VOCs  
Limit: 4.4 tons emitted per twelve (12) consecutive month period. Emissions from the catalytic oxidizer shall be calculated using the following equation:

$$\text{VOC Emissions (tons / year)} = \text{VOC Input (tons / year)} \times \left[ \frac{100 - \text{Control Efficiency (\%)}}{100} \right]$$

YEAR: \_\_\_\_\_

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

## OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION

### FESOP Quarterly Report

Source Name: NeoResins Inc.  
Source Address: 3110 West State Road 28, Frankfort, Indiana 46041  
Mailing Address: 3110 West State Road 28, Frankfort, Indiana 46041  
FESOP No.: F023-12762-00023  
Facility: Acrylic Latex Emulsion Manufacturing Plant  
Parameter: Hazardous Air Pollutants (HAPs)  
Limit: Less than nine (9) tons of any single HAP per twelve (12) consecutive month period

YEAR: \_\_\_\_\_

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**



## OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION

### FESOP Quarterly Report

Source Name: NeoResins Inc.  
Source Address: 3110 West State Road 28, Frankfort, Indiana 46041  
Mailing Address: 3110 West State Road 28, Frankfort, Indiana 46041  
FESOP No.: F023-12762-00023  
Facility: Acrylic Latex Emulsion Manufacturing Plant  
Parameter: Hazardous Air Pollutants (HAPs)  
Limit: Less than twenty-four (24) tons of any combination of HAPs per twelve (12) consecutive month period

YEAR: \_\_\_\_\_

Month	Column 1	Column 2	Column 1 + Column 2
	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR QUALITY  
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)  
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: NeoResins Inc  
Source Address: 3110 West State Road 28, Frankfort, Indiana 46041  
Mailing Address: 3110 West State Road 28, Frankfort, Indiana 46041  
FESOP No.: F023-12762-00023

Months: \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_

Page 1 of 2

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	
<b>Permit Requirement</b> (specify permit condition #)	
<b>Date of Deviation:</b>	<b>Duration of Deviation:</b>
<b>Number of Deviations:</b>	
<b>Probable Cause of Deviation:</b>	
<b>Response Steps Taken:</b>	

Form Completed By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.